

VERMONT	VERMONT WHOLESALE CIGARETTE DEALER REPORT	FORM CT-1
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This report is due on or before the 15th of each month to cover the preceding month.

Dealer's Name	Federal ID Number
Address	Month Year
City, State, ZIP Code	State License Number
E-mail address	Telephone Number

PART A - STAMP INVENTORY

HEAT TRANSFER STAMPS USED

VERMONT STAMPS

20-packs

25-packs

- | | | |
|---|----------|-------|
| 1. Stamps on hand at beginning of month | 1. _____ | _____ |
| 2. Stamps purchased during the month | 2. _____ | _____ |
| 3. Total (Add Lines 1 and 2) | 3. _____ | _____ |
| 4. Stamps affixed during the month | 4. _____ | _____ |
| 5. Stamps on hand at end of month | 5. _____ | _____ |

DETAIL OF STAMPED PRODUCT

- | | | |
|--|----------|-------|
| 6. Number of packs of cigarettes stamped during the month | 6. _____ | _____ |
| 7. Number of packs of little cigars stamped during the month | 7. _____ | _____ |

PART B - TAX DUE

NONSTAMPED LITTLE CIGARS


- | | |
|--|----------|
| 8. Enter the number of INDIVIDUAL little cigars sold in Vermont during the month (Do NOT enter the number of packages sold) | 8. _____ |
| 9. Tax due for nonstamped little cigars (Multiply Line 8 by .0995) | 9. _____ |

ROLL-YOUR-OWN TOBACCO

- | | |
|--|-----------|
| 10. Number of ounces of roll-your-own tobacco sold in Vermont during the month | 10. _____ |
| 11. Equivalent number of cigarettes (Divide Line 10 by .09) | 11. _____ |
| 12. Tax due for roll-your-own tobacco (Multiply Line 11 by .0995) | 12. _____ |

TAX DUE

- | | |
|---|-----------|
| 13. Total tax due (Add Lines 9 and 12) | 13. _____ |
|---|-----------|
- Make checks payable to **Vermont Department of Taxes.**

Signature 	I hereby swear, under pains and penalty of perjury, that this information is true, correct, and complete to the best of my knowledge.	
Signature	Title	Date
Printed Name		